

COMPASSIONATE & CATASTROPHIC LEAVE REQUEST



FMLA paperwork needs to be completed and submitted to Human Resources with this form.

To: Human Resources

Supervisor: _____

Date: _____

From: _____ (_____) (_____) (Employee) (ID)

Dept/Division: _____

I am applying for (check all that apply): ☐ Compassionate Leave ☐ Catastrophic Leave

For the purpose of:

☐ My physician has advised me that I will be unable to return to work for an indefinite, extended period due to a non-job related, seriously incapacitating illness or injury. **OR**

☐ The Health Care Provider for my spouse / child / parent / domestic partner has advised me that I am needed to provide physical and/or psychological care for them because of their inability to do so.

Name of family member and relationship to employee: _____

Description of medical condition of self or family member (facts which support this request):

Last Day Worked: _____ **Probable duration of condition:** _____
(Month/Day/Year)

I, therefore, request consideration under the provisions of the City of Tempe Compassionate Leave and/or Catastrophic Leave Policy. I understand that any contributions made on my behalf are strictly voluntary and that there is no entitlement to Compassionate Leave and/or Catastrophic Leave.

Should I receive Compassionate Leave and/or Catastrophic Leave, I understand that I will be required to provide periodic updates from my physician concerning my estimated recovery/return to work in order to maintain eligibility for such leave. Furthermore, I understand that any employee not working his or her regular schedule for medical reasons shall be required to comply with the reasonable terms of any provider prescribed treatment plan. Failure to do so could subject the employee to discipline, up to and including termination.

Employee's Signature: _____ Date _____

Attending Physician Printed Name: _____

Attending Physician's Signature: _____ Date _____

Physician's Phone Number: _____

HR Use Only

Date Received:

Effective Date of Catastrophic leave: